## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: LAAR WOMENS HALFWAY HOUSE (0010477)

Address: 1005 JACKSON ST, LACROSSE, WI 54601

**License Status: REGULAR** 

Licensed/Certified/Registered 03/18/2004

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096770 End Date: 03/31/2006 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092229 End Date: 03/17/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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